

03500.018062



PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

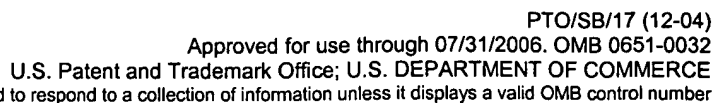
In re Application of:)	
	:	Examiner: Ryan M. Glietz
HIROAKI SAKAI ET AL.)	
	:	Group Art Unit: 2852
Application No.: 10/822,721)	
	:	
Filed: April 13, 2004)	
	:	
For: IMAGE FORMING APPARATUS)	October 14, 2005

Mail Stop Amendment
COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, Virginia 22313-1450

PRELIMINARY AMENDMENT

Sir:

Prior to examination on the merits, Applicants submit the following
amendments and remarks.



FEE TRANSMITTAL

For FY 2005

Complete if Known	
Application Number	10/822,721
Filing Date	April 13, 2004
First Named Inventor	HIROAKI SAKAI ET AL.
Examiner Name	Ryan M. Glietz
Art Unit	2852
Attorney Docket No.	03500.018062

METHOD OF PAYMENT (check all that apply)

<input type="checkbox"/>	Charge fee(s) indicated below	<input type="checkbox"/>	Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/>	Charge any additional fee(s) or underpayments of fee(s) under 37 C.F.R. 1.16 and 1.17	<input checked="" type="checkbox"/>	Credit any overpayments

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Small Entity		Small Entity		Small Entity		
	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	

2. EXCESS CLAIM FEES

2. EXCESS CLAIM FEES		Small Entity
Fee Description	Fee(\$)	Fee(\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>	
20	- 20 or HP = 0	x 0	= 0	<u>Fee(\$)</u>	<u>Fee Paid (\$)</u>
HP = highest number of total claims paid for, if greater than 20				0	0

<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee(\$)</u>	<u>Fee Paid (\$)</u>
<u>1</u>	- 3 or HP = <u>0</u>	x <u>0</u>	= <u>0</u>
HP = highest number of independent claims paid for, if greater than 3			

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
- 100 =	/ 50 =	(round up to a whole number) x	=	

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other:

SUBMITTED BY

Signature

Registration No.
(Attorney/Agent) 30,110

Telephone
202-530-1010

Name (Print/Type)

Lawrence A. Stahl

Date: October 14, 2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. **DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

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